



Grove City Planning Commission

CERTIFICATE OF APPROPRIATENESS

Please provide the requested information and submit to:

DEVELOPMENT DEPARTMENT
4035 BROADWAY
GROVE CITY, OHIO 43123
614-277-3004

RECEIVED

JAN 21 2016

GC grovecityohio.gov/development

TYPE OF REQUEST



HPA New Construction
and Renovations
(See page 3 of 6)



HPA Sign
Appeal (See
page 4 of 6)



HPA Portable Sign
Approval (See page 5 of
6)

PROJECT / PROPERTY INFORMATION

PROJECT NAME: Mill Street Market

PROJECT LOCATION: 1937 Broadway, Grove City, Ohio 43123

STREET ADDRESS OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION

PARCEL ID NUMBER: 040-000070-00

ACREAGE AFFECTED BY THIS APPLICATION: .66

EXISTING ZONING: _____

EXISTING LAND USE: 420-small retail structure

PROPOSED ZONING: _____

PROPOSED LAND USE: _____

PROPERTY OWNER INFORMATION

Note: Property ownership information is to reflect how the property is held in accordance with the Franklin County Auditor's Office.

Name Mill Street Market	Address 4086 Broadway	City, State, Zip Grove City, OH 43123
Phone 614-256-1031	Fax NA	Email karendover@sbcglobal.net

APPLICANT INFORMATION

Note: The applicant is the person(s) or entity seeking approval of this application

Name Neil Baker	Title Principal	Company / Organization Mill Street Market
Address 4086 Broadway	City Grove City	State, Zip Ohio, 43123
Phone (614) 312-3089	Fax	Email karendover@sbcglobal.net

SUBMITTAL REQUIREMENTS

Instructions: All blanks/boxes must be completed or checked in order for the application submittal to be considered complete. The submittal is to include the required number of copies (properly folded and collated) and shall contain all required supplementary documentation. Submitted materials shall be accurate, measurable and shall address all required checklist items contained within the attached supplemental requirements.

	Fee Calculation	Submittal Items	(check box)
Application Fee:	\$ 50.00	Completed Application (signed and notarized): Submittal Fee:	<input type="checkbox"/>
		Ten (10) Copies of Plans (folded and	<input type="checkbox"/>

PROPERTY OWNER AUTHORIZATION OF APPLICANT SUBMITTAL AND SITE VISIT(S)

I NA, the current property owner hereby authorize the applicant _____ to submit this application. I agree to be bound by all representations and agreements made by the applicant and/or their authorized representative.

Additionally, as the current property owner, knowing that site visits to the property may be necessary, I hereby authorize City representatives to visit and/or photograph the property described in this application.

Signature of Current Property Owner: _____ Date: _____

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

Official Seal and Signature of Notary Public

APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I Neil Baker, the applicant or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.

Signature of Applicant or Authorized Representative: Neil Baker Date: 1/21/15

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this 21st day of January, 2016.

Official Seal and Signature of Notary Public



CODY BANION
Notary Public State of Ohio
My Comm. Expires 05-26-2017

FOR OFFICE USE ONLY

DATE RECEIVED:

1/20/16

RECEIVED BY:

mk

PAYMENT AMOUNT

\$50.00

TENTATIVE PC MEETING DATE

2/2/16

PC RECOMMENDATION

CHECK NUMBER:

2113

PROJECT ID NUMBER

201601210002